U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 37/9	2. Fiscal Year Covered From:	
	17/17/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name SUM HARD	Name SURPON ACTORS QUILD	
	Lebor Organization File Number 000 - 17 3	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
street 4938 Denny Aug	Street 5757 WIGHIRE BLYD	
City NHOllywood	City LBS ANGELES	
State CA ZIP Code +49 60	State CA   ZIP Code + 4 900 36	
5. Position in labor organization. Natronal Board Member		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
<ul> <li>A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization.</li> </ul>	or derived income or other economic benefit of attitution represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organize     B. Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of attor represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organize	tion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name	tion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organize 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	tion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersioned declares, under penalty or	7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.b. Amount.	
monetary value from an employer whose employees your organize  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompa	7.a. Nature of interest, Transaction, or income.  7.b. Amount.  7.b. Amount.  7.b. Amount.  7.b. Amount.	

Name of Person Filing	File Number U- 37/19	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street		
City ZIP Code + 4		
State ZIP Code + 4		
10, If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Makasan Transference Control Con	·	
Trade Name, If any:		
P.O. Box, Bidg., Room No., if any	declaration construction and with a post 1964 at a construction of the construction of	
Street	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
tomorrow and an analysis of the second secon		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment DINNER 1/12/04	
Name ZARA JAYLOR	@ MACIANO'S IN LOS ANGELES	
Trade Name, If any: WRITERS GUID OF AUSRIC		
P.O. Box, Bidg., Room No., if any		
Street 7000 W HIPD ST		
City LOS ANORIES		
State ZIP Code + 4700 CO		
13.b. is the Business an Employer or Consultant 2	14.b. Amount of payment.	